

# WORKFORCE SERVICES

sdjobs.org

## TRADE ADJUSTMENT ASSISTANCE

### REQUEST FOR JOB SEARCH ALLOWANCE

#### PART I: INFORMATION

Full Name: \_\_\_\_\_ SDWORKS [SID](#): \_\_\_\_\_

I have made arrangements for job interviews for suitable employment with the following employer(s). **Additional scheduled interviews should be submitted on a separate page.**

Item	1 <sup>st</sup> Interview	2 <sup>nd</sup> Interview	3 <sup>rd</sup> Interview
Employer:			
Address:			
City/State/Zip:			
Contact Name/Title:			
Telephone Number:			
Job Title/position:			
Date of Interview:			

Mode of travel:  Personal vehicle;  Commercial Carrier: ( \_\_\_\_\_ )

Departure Date/Time: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_; Return Date/Time: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Est. Number of miles: \_\_\_\_\_

# of nights: \_\_\_\_\_

#### ESTIMATED COSTS

Est. Mileage: \$ \_\_\_\_\_

Est. Lodging: \$ \_\_\_\_\_

Est. Meals: \$ \_\_\_\_\_

**TOTAL:** \$ \_\_\_\_\_

#### REQUEST FOR JOB SEARCH ALLOWANCE

I, the undersigned, am requesting Job Search Allowances under the Trade Act. The information provided is correct and complete to the best of my knowledge. I will provide sufficient documentation to substantiate any payment for allowances. If funds are advanced, I understand the total to be reimbursed will be reduced by any amount advanced. I understand I will repay any amount overpaid by TAA. I understand penalties are provided for willful misrepresentation.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

#### PART II: DETERMINATION

Petition Number:		Certification Date:	
Certified Employer:		Separation Date:	
		Date of Request:	

#### DETERMINATION BY STATE AGENCY

Request for Job Search Allowance is Approved

Request for Job Search Allowance is Denied due to:

- A. Job Search is NOT further than 50 miles from participant's current address.
- B. Job Search request was not within 365 days of the certified petition date or within 365 days of the date of separation date, whichever is later.
- C. Relocation request was NOT made within 425 days of the certified petition date or separation date whichever is later.
- D. Job Search request was NOT made within 182 days after the conclusion of Occupational Skills Training.
- E. Job Search request was NOT made prior to the incurring expenses.

DLR Representative: \_\_\_\_\_ Office: \_\_\_\_\_

DLR Signature: \_\_\_\_\_ Determination Date: \_\_\_\_\_

Determination and Determination Notice [Form 99](#) provided to customer on Date: \_\_\_\_\_

(Detail how the Determination Notice was provided to the customer i.e. in-person or mail with address sent to.)

## JOB SEARCH ALLOWANCE REIMBURSEMENT

### PART III : EXPENSES

CATAGORY	Estimated Costs	Actual Costs	Payable (at 90%)
Car Miles (See Federal Rate at <a href="https://www.irs.gov/tax-professionals/standard-mileage-rates">https://www.irs.gov/tax-professionals/standard-mileage-rates</a> )			
Commercial carrier			
Lodging			
Meals			
<b>TOTAL</b>			

If the total above exceeds \$1,250, check the box below to reimburse the participant \$1,250 (the maximum allowable).

**Maximum Reimbursement – \$1,250**

### PART IV: STAFF AUTHORIZATION

DLR Staff:

\_\_\_\_\_

Tel: \_\_\_\_\_ – \_\_\_\_\_

Signature:

\_\_\_\_\_